



Southern Research Organisations Providing Rapid Evidence-Review Services

Roz Price

Institute of Development Studies

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Question

- *What rapid evidence services are currently supporting national governments in low- and middle-income countries (focusing on Covid Collective partner countries: Bangladesh, Ghana, Iraq, Kenya, Malawi, Pakistan, Rwanda, South Sudan, Syria, Uganda, Yemen, Zambia, and Zimbabwe)?*
- *In what ways are these services fostering a better understanding of the socioeconomic impacts of Covid-19?*

Contents

1. Summary
2. Southern organisations with rapid review services
3. Southern organisations providing evidence-policy services of note for the Covid-19 response
4. References

The Covid Collective helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

This Helpdesk report was commissioned through the Covid Collective based at the Institute of Development Studies (IDS) and is funded by the UK Foreign Commonwealth and Development Office (FCDO). The Collective brings together the expertise of, UK and Southern based research partner organisations and offers a rapid social science research response to inform decision-making on some of the most pressing Covid-19 related development challenges. The views and opinions expressed do not necessarily reflect those of FCDO, the UK Government, or any other contributing organisation. For further information, please contact covidcollective@ids.ac.uk.

1. Summary

This review aims to identify Southern organisations providing rapid evidence-synthesis and response services supporting governments in low- and middle-income countries, especially in Bangladesh, Ghana, Iraq, Kenya, Malawi, Pakistan, Rwanda, South Sudan, Syria, Uganda, Yemen, Zambia and Zimbabwe.¹ As a result, it focuses on a desk-based review of non-governmental organisations (NGOs), think tanks, and grey literature, examining the websites of organisations in the focus countries for relevant programming. In general, several think tanks and organisations that work to connect evidence with policy and decision-making in some way in their remit and aims were identified in each of the focus countries (except Syria). However, rapid response services were harder to identify, especially given the lack of a common definition of such a service. Services which explicitly mentioned they were rapid or were demand-driven and responding to the needs of policymakers were included. Many of the websites were difficult to navigate, or it was hard to find relevant information on current projects. The review is therefore not exhaustive but provides an overview of the main publicly available information about rapid evidence-synthesis and response services. The review also highlights where organisations have pivoted their work and these services towards Covid-19. However, it was not possible in the time available to explore how these are contributing to a better understand of the socioeconomic impacts of the pandemic.

This rapid review utilised several general search engines, including Google, to undertake searches. Key search terms included 'rapid evidence reviews', 'knowledge brokering', 'connecting policy with evidence', 'evidence into policy', 'rapid evidence response services', and 'research into policy'. The review also utilised the *2020 Global Go To Think Tank Index* from the Think Tanks and Civil Societies Program of the Lauder Institute at the University of Pennsylvania, to help identify relevant think tanks in the focus countries. This annual report ranks the world's leading think tanks in a variety of categories (see McGann 2020). Searches of key words within identified organisation websites were then used; these key words included 'rapid evidence review', 'evidence review', 'evidence synthesis', and 'evidence policy review'.

Section 2 of this review highlights the rapid review services identified; these services were located in eight organisations in Bangladesh, Kenya, Malawi, South Africa, Uganda, and Zimbabwe. Although South Africa is not a Covid Collective focus country, organisations based here were included as these not only serve the South African Government but governments in the surrounding countries too. The rapid response services identified have all adapted to respond to Covid-19 and have undertaken rapid reviews related to Covid-19 topics.

The review also came across a number of services being offered by Southern research organisations and think tanks that were not necessarily demand-driven rapid

¹ These are the focus countries of the COVID Collective Research Platform, which offers a rapid social science research response to inform decision-making on some of the most pressing Covid-19-related development challenges. See <https://www.ids.ac.uk/projects/covid-collective/>

response services but that provided in-depth policy analysis linking evidence with policy for that country (or region) and that were of note for the Covid-19 response. There were an array of examples, some of which were updates released on a weekly or monthly basis, while others were more sporadic. They are highlighted in Section 3.

Key findings

- Most of the rapid response services that link evidence with policymaking and are directly linked to policymakers are based around health (or started off with a health focus). Many of these have repositioned their services to include Covid-19 and other sectors.
- Many of the rapid response services that were identified also link to the World Health Organization (WHO) and the Alliance for Health Policy and Systems Research (AHPSR) initiative Embedding Rapid Reviews in Health Systems Decision Making (ERA).² This initiative was aimed at embedding research within health systems, through ‘a programme of work focusing on rapid reviews stemming from decision-makers’ requests, to ensure timeliness, relevance and uptake of health policy and system syntheses’ (AHPSR and WHO 2018: 2). It is not clear if this initiative is still running.
- Key donors to rapid response services (in health primarily) include the AHPSR, Canada’s International Development Research Centre (IDRC), and the William and Flora Hewlett Foundation.
- The majority of rapid response services identified in this review are in African countries, bar one found in Bangladesh, which was set up specifically in response to Covid-19. This is because the majority of Covid Collective focus countries are in Africa. However, it is still of note, given that services in non-African countries were also searched for. No rapid response services were identified in Ghana, Iraq, Pakistan, Rwanda, South Sudan, Syria, Yemen, or Zambia, although other evidence-policy services were identified for these countries, with the exception of Ghana, Iraq, and Syria.

2. Southern organisations with rapid review services

Bangladesh

BRAC Institute for Governance and Development (BIGD)

BIGD has a complicated evolution. It was established in 2013 with the merging of the Centre for Governance Studies, established at BRAC University in 2005 (later upgraded to the Institute of Governance Studies in 2007) and the BRAC Development Institute, established in 2008. This was in order to ‘transform the

² The AHPSR is an international partnership hosted by the WHO. See <https://www.who.int/alliance-hpsr/en/>

institute into a regional centre of excellence for governance and development research; to bring together academics and practitioners to raise critical questions on development; to provide lessons on good practices; and to advocate for pro-poor policies'. Since 2018, BIGD has been working even more closely with BRAC, and BIGD now provides continuing research support to BRAC's socioeconomic empowerment programme.³

BIGD 'do rigorous, multimethod research through the dual lens of governance and development to address policy problems and implementation challenges'. BIGD's research can be divided into four broad thematic areas: (1) Economic Development and Growth; (2) Governance and Politics; (3) Gender and Social Transformation; and (4) Urban, Climate Change, and Environment. They provide high-quality field research using a broad range of methods in close engagement with the government and development partners. BIGD's academic programme is geared towards developing high-performing, next-generation leaders in the public and development sectors.

BIGD has had many donors and implementing partners. Donors include the Foreign, Commonwealth & Development Office (FCDO), the European Commission, GIZ (the German development agency), the International Labour Organization, the Overseas Development Institute, IDS, Oxfam, Save the Children, and The World Bank.

Rapid research response to Covid-19

The aim of this project is to '**generate useful and actionable understanding of the immediate socioeconomic shocks of Covid-19** on the most vulnerable populations, the support needed to cope with the crisis, and the response required for effective pandemic management'. The project is a collaboration with 'other research institutes, academicians, practitioners, and policymakers to carry out multiple studies under the principles of "**rapid, rigorous and repeated**" research'.⁴

In the initial stages of the Covid-19 outbreak in Bangladesh, policymakers had very few insights that would help them to respond appropriately to the crisis. In Phase I (March – July 2020) therefore, data was collected through telephone surveys of existing respondent databases in short time spans, to reflect the rapidly evolving nature of the crisis. The research was initially largely descriptive in nature, focusing on the immediate impact of the pandemic. On the basis of these findings, they also tried to advise on an immediate response to the crisis. In Phase II (from August 2020) it is now transitioning into intervention research with a focus on inclusive, long-term socioeconomic recovery. They will focus on finding medium to long-term solutions to repair the damage, and, thus, will make more use of rigorous methods such as randomised control trials. Research from both phases can be broadly categorised into

³ Information taken from <https://bigd.bracu.ac.bd/about/what-we-do/> (accessed 9 December 2020)

⁴ Information taken from <https://bigd.bracu.ac.bd/all-projects/rapid-research-response-to-covid19/highlights-phase-ii/> (accessed 9 December 2020)

six themes: Economic Impact; Behaviour and Communications; Social Accountability; Human Capital Recovery; Gender; and Digitisation.

Kenya

The African Population and Health Research Center (APHRC)

The APHRC is a research institution and think tank specialising in health and wellbeing, and committed to generating an Africa-owned body of region-wide evidence to inform decision making.⁵ The organisation has three integrated programmatic aims: research, research capacity strengthening, and policy engagement and communications. The center's research priorities include the following: Aging and Development; Education and Youth Empowerment; Health and Systems for Health; Maternal and Child Wellbeing; Population Dynamics and Sexual Reproductive Health and; Urbanisation and Wellbeing in Africa. The APHRC 'builds relationships with key decision-making bodies at the national, regional and global levels to encompass engagements with government and non-government entities, as well as academic, advocacy and research institutions'. Its agenda is to ensure 'contextual, relevant and localized knowledge as a driver of change'.⁶

The APHRC is headquartered in Nairobi, with offices in Senegal, and works in over 30 sub-Saharan countries. The APHRC has funding from a diverse range of donors, including private foundations and organisations, bilateral donors, and individuals. Donors and partners have included (but are not limited to) the Swedish International Development Cooperation Agency (Sida), the International Initiative for Impact Evaluation (3ie), IDRC, the William and Flora Hewlett Foundation, the WHO, and the British Academy.⁷

The APRHC has produced a number of briefs and publications on Covid-19, which they have grouped under the heading 'Covid-19 situation updates'.⁸

Challenging the politics of social exclusion (CPSE)

This is a four-year (2018–22) research-to-policy ARPHC programme funded by Sida, which seeks to support the full domestication and translation into practice of continental commitments on the sexual and reproductive health, and the rights, of all of Africa's young people. The aim of the programme is to act as a critical and neutral knowledge partner to support the constellation of government and civil society actors working towards this goal. CPSE's work is anchored in partnerships with key government and civil society bodies at the regional and sub-regional levels, in

⁵ Information taken from <https://aphrc.org/career/rapid-response-services-consultancy/> (accessed 9 December 2020)

⁶ Information taken from <https://aphrc.org/who-we-are/> (accessed 9 December 2020)

⁷ Information taken from <https://aphrc.org/funders-and-partners/> (accessed 9 December 2020)

⁸ See <https://aphrc.org/covid-19-situation-updates/>

eastern, southern and western Africa, and in seven countries: Kenya, Rwanda, Zambia, Malawi, Sierra Leone, Burkina Faso, and Liberia.⁹

Across these regions, CPSE works to broker evidence and support these actors in developing and deploying effective, evidence-based advocacy, specifically on three focal issues related to sexual and reproductive health and rights:

- The sexual and reproductive health and rights of adolescents
- Access to safe abortion and post-abortion care
- Discrimination against LGBTQ+ populations.

As part of the programme, **CPSE is offering a Rapid Response Service that will facilitate the provision of rapidly produced, high-quality, synthesised evidence to its policy and civil society partners to inform decisions, policies, and actions aligned to the three CPSE focal issues.**¹⁰ There is an online form to fill in to make a rapid response request, and the page also explains the request process. It states that there will be a response to the initial request within 72 hours, then a follow-up discussion with partners to clarify evidence needs, products, and timelines. Once produced, the draft of the product will be shared with the partner for feedback and agreement, then once agreed/amended, an internal peer review of the updated product will happen before finalisation and submission. Feedback from partners on the process is the final step. There are no examples available on the website of products that have been completed.¹¹ The terms of service document for the Rapid Response Service states that a maximum of two requests per month can be made by one partner institution. It also highlights some of the products offered by the service, as well as the estimated timelines, although it is stated that these are flexible. They are as follows:¹²

- Short policy briefs/fact sheets (two to four pages): 10–12 days
- Long policy briefs/fact sheets (four to eight pages): 15–30 days
- Short research reports (25 pages max): two months
- PowerPoint presentation: two days
- Media talking points: 24–48 hours
- Infographics: three to seven days

⁹ Information taken from <https://aphrc.org/project/challenging-the-politics-of-social-exclusion-cpse-a-regional-research-and-advocacy-approach-to-contentious-srhr-issues-in-sub-saharan-africa/> (accessed 9 December 2020)

¹⁰ Information taken from <https://aphrc.org/career/rapid-response-services-consultancy/> (accessed 9 December 2020)

¹¹ Information taken from <https://aphrc.org/cpse-rapid-response/> (accessed 9 December 2020)

¹² Information taken from <https://aphrc.org/wp-content/uploads/2020/11/Final-Terms-of-Service-CPSE-rapid-response-service.pdf> (accessed 9 December 2020)

The Covid-19 Sex-Disaggregated Data Tracker¹³

The APRHC has partnered with Global Health 50/50,¹⁴ and the International Center for Research on Women¹⁵ to produce the COVID-19 Sex-Disaggregated Data Tracker, the largest database of sex-disaggregated data on Covid-19. The dashboard is the first output of the Sex, Gender and Covid-19 Project. The dashboard investigates ‘what roles sex and gender are playing in the outbreak, building the evidence base of what works to tackle gender disparities in health outcomes, and advocating for effective gender-responsive approaches to COVID-19’.¹⁶ The dashboard has revealed stark gender differences in Covid-19 health outcomes, and contains sex-disaggregated data for almost 15 million cases and over half a million deaths across 56 countries (with data available). ‘The dashboard expands on the sex-disaggregated data tracker launched by Global Health 50/50 in March 2020.’ The partnership is also ‘undertaking an analysis of current policies and previous research to uncover evidence-based best practice to reduce gender disparities in the health impact of COVID-19.’¹⁷

Malawi, Kenya and Uganda

African Institute for Development Policy (AFIDEP)

AFIDEP, established in 2010, is an African-led, regional, non-profit research policy institute established ‘to help bridge the gaps between research, policy and practice in development efforts in Africa’. The institute is registered as a non-profit institution in the USA and as an NGO in both Kenya and Malawi. Their mission is to ‘enable the use of evidence in the design and implementation of development policies and programmes’.¹⁸ AFIDEP ‘works towards systemic actions that drive a cultural shift from low evidence use to a setting where evidence is actively sought and used routinely in decision-making’.¹⁹

‘The Institute works to provide evidence and technical expertise to generate commitment for action from governments, international development partners, and other stakeholders.’ Partnerships have been established with key regional bodies that have the power to convene top-level government policymakers and leaders, such as the African Union, the New Partnership for Africa’s Development, the Southern Africa Development Community, the Economic Community of West African States, and the East African Assembly, as well as with national and international think tanks and networks focused on policy analysis and engagement and promoting the use of

¹³ See <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/>

¹⁴ See <https://globalhealth5050.org/>

¹⁵ See <https://www.icrw.org/>

¹⁶ Information taken from <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/> (accessed 14 December 2020)

¹⁷ Information taken from <https://aphrc.org/blogarticle/global-partners-launch-worlds-most-comprehensive-open-access-covid-19-dashboard-on-sex-and-gender/> (accessed 14 December 2020)

¹⁸ Information taken from <https://www.afidep.org/about/who-we-are/our-story/> (accessed 14 December 2020)

¹⁹ Information taken from <https://www.afidep.org/> (accessed 14 December 2020)

various forms of research evidence. Funders include Counterpart International, Global Health Corps, IDRC, the National Institute of Health Research, the Norwegian Agency for Development Cooperation, the FCDO; the United Nations Population Fund, USAID, the Blue Hills Donor Advised Fund, the Norwegian Embassy in Malawi/the Norwegian Ministry of Foreign Affairs, the Bill & Melinda Gates Foundation, and the William and Flora Hewlett Foundation.²⁰

The Heightening Institutional Capacity for Government Use of Health Research (HIGH-Res) project

A three-year project running since August 2019, HIGH-Res 'is a collaborative programme that aims to strengthen institutional capacity for the use of health research in policy and programme decisions in Kenya, Malawi, and Uganda. This is achieved through the design, implementation and continuous evaluation of innovative and politically responsive interventions within the Ministries of Health (MoHs) in the three countries.' AFIDEP is the lead organisation and in addition to the ministries of health, the project also partners with the Kenya Medical Research Institute (KEMRI), the Malawi EVIDENT Network (comprising the Malawi Liverpool Wellcome Trust Centre and the College of Medicine at the University of Malawi) and the Regional East African Community Health Policy Initiative (REACH-PI) Uganda Node at Makerere University. These partners are brought together as the **HIGH-Res East Africa Consortium**. The project 'will leverage and build on existing relationships and collaborations among consortium partners, [and] efforts and mechanisms in the three countries to maximise programme impact on building institutional capacity for evidence-informed decision-making'.²¹ The HIGH-Res project received financial support from the AHPSR at the WHO, and the Wellcome Trust.

In an AFIDEP blog by Waithaka et al. (2020) from April 2020, it is highlighted that partners undertook an inception phase of the study, including baseline studies in the three countries. With this complete, AFIDEP and its partners officially launched and formalised the HIGH-Res project in early 2020. HIGH-Res has responded to Covid-19 by rethinking approaches to planned activities and adapting the project to focus on activities that can be conducted remotely. However, **there has also been an opportunity for the project to provide evidence for partner ministries of health that will inform country responses to the pandemic**. Waithaka et al. (2020) highlight the following **Covid-19 activities that the project has carried out, mainly in relation to rapid evidence reviews**:

- In Uganda, HIGH-Res has provided three rapid evidence reviews following requests from Uganda's Ministry of Health.
- In Kenya, the HIGH-Res project team conducted one rapid review, and a survey of knowledge, attitudes, perceptions, and practice, in order to improve the

²⁰ Information taken from <https://www.afidep.org/about/who-we-are/our-donors-partners/> (accessed 14 December 2020)

²¹ Information taken from <https://www.afidep.org/programme/the-heightening-institutional-capacity-for-government-use-of-health-research-high-res/> (accessed 14 December 2020)

responses of Kenya's Ministry of Health to Covid-19 (between 20 April and 31 May 2020).

- In Malawi, the HIGH-Res project team are in discussions with the Ministry of Health to identify priority policy gaps to inform evidence synthesis that is responsive to the country's needs and context.

No further information could be found on additional rapid evidence reviews, the formalisation of a rapid response service, or Covid-19 work being carried out by the project teams for the ministries of health. Although week-long virtual workshops on systematic reviews and meta-analyses have been held by the project in August 2020 for partners and for staff at the ministries of health. The training will be followed by a formal mentoring programme consisting of six-monthly sessions for individuals who will be actively engaged in conducting systematic reviews, partnering with the Cochrane collaboration.²²

South Africa

African Centre for Evidence (ACE)

ACE, founded in 2016, is a research organisation based at the **University of Johannesburg**. ACE's mission is 'to contribute to the reduction of poverty and inequality in Africa and South Africa through the use of evidence'.²³ ACE has four strategic goals: (1) Greater understanding of the art and science of using evidence; (2) Stronger evidence capacities; (3) Meaningful evidence communities; and (4) Rigorous and relevant evidence synthesis.

The ACE team also provides the secretariat for the **Africa Evidence Network**.²⁴ ACE also collaborates with other institutions for much of its work. With the exception of structural hosting of their centre by the University of Johannesburg, all of ACE's funding to date has been external and project-specific; they are transparent on their website about the sources of the funding allocated to each activity.²⁵ They have provided a number of training sessions on evidence syntheses and systematic reviews to organisations such as the Campbell Collaboration, the African Institute for Development Policy, and the University of South Africa. The William and Flora Hewlett Foundation is a key donor for the period 2020–23.

Responsive evidence synthesis

ACE undertakes and supports rigorous and relevant evidence syntheses (through evidence maps, systematic reviews, and responsive evidence synthesis). In particular, the evidence syntheses are responsive to the needs and contexts of African

²² Information taken from <https://www.afidep.org/developing-capacity-for-evidence-informed-decision-making-a-focus-on-systematic-review-and-meta-analysis-capacity/> (accessed 14/12/2020)

²³ Information taken from <https://africacentreforevidence.org/> (accessed 8/12/2020)

²⁴ See <https://aen-website.azurewebsites.net/>

²⁵ See <https://africacentreforevidence.org/funding/> (accessed 8/12/2020)

decision makers, but can also address broader questions of importance to African populations.²⁶ They have developed 'responsive syntheses as pioneered by the African Centre for Evidence Synthesis and the exploration of new approaches and tools to embed evidence synthesis into policy decision-making'.

To date, ACE has produced 25 responsive syntheses, although these are not publicly available on their website. It is not clear who requested the reviews, or when this service started, but the earliest examples are dated 2014 (before ACE officially existed). Recent responsive evidence syntheses include some on Covid-19; for example, South Africa's Department of Performance Monitoring and Evaluation's Covid-19 Government Response Hub (2020); and three rapid reviews of misinformation about Covid-19 on WhatsApp (2020). Other examples of reviews demonstrate the array of topics covered; for example, a Sport for Development scoping review (2014), and a review called 'Land reform in South Africa: Rapid responses' (2019).²⁷

In terms of evidence maps, ACE have produced 28 since 2010. ACE have 'pioneered the production and methodological development of evidence maps in the African context', and have produced 11 systematic reviews since 2014, applying a mixed-method approach.

Covid-19 partnership with 3ie and the Global Evidence Synthesis Initiative (GESI)

In partnership with ACE and the Global Evidence Synthesis Initiative (GESI),²⁸ 3ie is **launching an evidence synthesis response to the Covid crisis, focused on providing easy access to rigorous and timely syntheses to inform non-clinical Covid-19 responses in low- and middle-income countries** in the short and medium term.²⁹

This initiative will undertake the following activities:

- develop a collection of existing high-quality systematic reviews of relevance to the Covid-19 response, drawing on its Development Evidence Portal;³⁰
- produce briefs that contextualise the findings of these existing reviews to the current crisis using the results of their priority-setting exercise and survey;
- expand the scope of its Development Evidence Portal to also include rapid reviews and allow for their registration to track (existing and ongoing reviews); and

²⁶ Information taken from <https://africacentreforevidence.org/evidence-synthesis/> (accessed 10 December 2020)

²⁷ See <https://africacentreforevidence.org/responsive-evidence-syntheses/> (accessed 10 December 2020)

²⁸ See <http://www.gesiinitiative.com/>

²⁹ Information taken from <https://www.3ieimpact.org/about-us/Evidence-synthesis-response-COVID-19-crisis> (accessed 11 December 2020)

³⁰ See <https://developmentevidence.3ieimpact.org/>

- produce new or updated evidence syntheses.

It hopes 'to address questions that ... inform the direct responses to COVID-19, as well as actions to address the socio-economic effects of the pandemic'. It is not clear what stage this initiative currently is at.

Health Systems Research Unit (HSRU) of the South African Medical Research Council (SAMRC)

SAMRC was established in 1969 with a mandate to improve the health of South Africa's population, through research, development and technology transfer. Its mission is 'to advance the nation's health and quality of life and address inequity by conducting and funding relevant and responsive health research, capacity development, innovation and research translation'. Hence, SAMRC is a funder as well as a research institute.³¹

The HSRU of the SAMRC informs and supports decision-making in health and social policy to strengthen health systems to achieve universal health coverage. It aims to improve health throughout the life-course.³²

South African Initiative (SAI) for Systematic Reviews and Rapid Evidence Syntheses on Health Policies and Systems

SAI is hosted by HSRU, and funded by the AHPSR. It aims to

- develop institutional capacity in low- and middle-income countries for the conducting and packaging of systematic reviews on health policies and systems research;
- conduct reviews that are policy-relevant at the national level and could be relevant to the needs of other countries in the region; and
- disseminate the reviews and related products to potential users, particularly decision makers, and to promote their uptake and use.³³

SAI provides a rapid evidence-synthesis service for public health policymakers, practitioners, and civil society. The service aims to address the gap in health-related rapid review services in low and middle-income countries. SAI 'provide rapidly produced, high-quality, synthesised evidence to ensure that best-available evidence informs policy decisions. Policy makers, practitioners, and civil society are invited to send [them] requests for synthesised evidence on health systems issues.' Response times vary from seven days to two months. Examples of previous responses for the Departments of Health of KwaZulu-Natal and Western Cape include: *Utilisation of*

³¹ Information taken from <https://www.samrc.ac.za/about-us/who-we-are> (accessed 3/12/2020)

³² Information taken from <https://www.samrc.ac.za/intramural-research-units/HealthSystems> (accessed 3/12/2020)

³³ Information taken from <https://www.samrc.ac.za/intramural-research-units/HealthSystems-SAI> (accessed 3/12/2020)

lay/community health workers in Kwa-Zulu Natal (annotated bibliography); How should risk assessment and screening for Hypertension, Type 2 Diabetes Mellitus and Dyslipidemia be done for undiagnosed patients who present at primary healthcare facilities? (full rapid review); Understanding out-of-facility primary healthcare models in South Africa (mapping of evidence); Non-emergency transport/ Planned patient transport (literature review).

They offer a range of products with differing timeframes, including a truncated standard effectiveness systematic review within five months; a 15-working-days synthesis; a five-working-day synthesis; policy briefs and lay review reports for non-specialist audiences; and training and capacity development.

The HSRU has also produced a number of rapid evidence reviews on Covid-19. These include the following:

- 'A rapid review of the effectiveness of screening practices at airports, borders and ports to reduce the transmission of respiratory infectious diseases such as COVID-19'; and
- 'Rapid reviews of the effects of cloth and medical masks for preventing transmission of SARS-CoV-2 in community and household settings'.

However, it is not clear if these are directly linked to the SAI project.³⁴

Uganda

The Africa Centre for Systematic Reviews & Knowledge Translation (Africa Centre), Makerere University

The Africa Centre was founded in March 2013 with support from IDRC, with the aim 'to build capacity for knowledge translation for public policy in Africa cutting across health, education and food security', in order to 'transform Africa into an environment that is driven by evidence informed public policy and action and one that is self-reliant in capacity for evidence synthesis and knowledge translation'.³⁵ It is based in the College of Health Sciences at Makerere University, Uganda (MakCHS). The Africa Centre has reach beyond Uganda, including to Kenya, Tanzania, Rwanda, Ethiopia, and Sudan in eastern Africa; Cameroon, Ghana, Mali, and Nigeria in west Africa; and South Africa and Zambia in southern Africa. It has also branched out beyond health policy and systems work to other cross-cutting teams in agriculture, engineering and education (particularly in methodological approaches to evidence synthesis and knowledge translation). It is part of the Africa Evidence Network, with various collaborations with the Campbell Collaboration and the International Centre for Evaluation and Development. The centre provides support through skill-building

³⁴ See <https://www.samrc.ac.za/intramural-research-units/covid-19-research> (accessed 8 December 2020)

³⁵ Information taken from <https://chs.mak.ac.ug/afcen/page/africa-centre-systematic-reviews-knowledge-translation> (accessed 5 December 2020)

workshops, policy dialogues, presentations to decision makers, systematic reviews, rapid responses, and evidence briefs for policy.

Covid-19 Pandemic Rapid Evidence Synthesis Group (CovPRES)

CovPRES has been established at the Africa Centre. It is a group of multidisciplinary scientists in east Africa who have come together to identify and synthesise credible evidence around the SARS-Cov 2 virus and Covid-19 pandemic, relevant to low- and middle-income countries. The team is multidisciplinary, and members are at different levels of their careers, ranging from graduate students to faculty members.³⁶ Under this grant, CovPRES will also mentor four Graduate Fellows in public policy through evidence synthesis and stakeholder engagement. Public engagement will be in collaboration with Training Health Researchers into Vocational Excellence in East Africa (THRiVE), MakCHS. **The CovPRES group conducts rapid evidence synthesis to support evidence-based decision making on policies aimed at controlling Covid-19 in Uganda.**

CovPRES is supported by a Makerere University Research and Innovation Fund Covid-19 grant. 'As a start, CovPRES routinely identifies priority interventions informed by surveying key stakeholders in Government Ministries, Departments and Agencies; the private sector and health care providers. This exercise will identify new policy concerns and validate the relevance of the existing priorities: community use of masks; mass testing and decent work for frontline healthcare professionals.'³⁷

Centre for Rapid Evidence Synthesis (ACRES), Makerere University

ACRES is a 'Centre of Excellence' located in the College of Health Sciences at Makerere University; it is based on work being done since 2010 under the **REACH-PI** Uganda node with the aim of 'supporting policy and decision making with high quality, relevant and timely evidence'. ACRES primarily supports policymakers using its Rapid Response Service for policymaking. It is a leading centre in the use of innovative strategies for evidence-informed decision making globally, providing rapid response services for policymaking, arranging policy dialogues and citizen panels in different contexts of decision making in Uganda and other countries.³⁸

ACRES has built strong partnerships with practitioners of evidence-informed decision making, policymakers, and funders. It has also 'contributed to the growth and capacity of international collaborations that it is a part of, such as the Evidence Informed Policy Network, Africa Evidence Network, Partners for Evidence-driven Rapid Learning in Social Systems, and HIGH-Res'.

³⁶ Information taken from <https://chs.mak.ac.ug/afcen/news/covid-19-evidence-team-established-africa-centre-makchs> (accessed 5 December 2020)

³⁷ Information taken from <https://chs.mak.ac.ug/afcen/news/priorities-covid-19-control-uganda-and-africa> (accessed 5 December 2020)

³⁸ Information taken from <https://acres.or.ug/organisation-overview/> (accessed 10 December 2020)

ACRES is funded by the William and Flora Hewlett Foundation. Other funders (past and present) include the European Union, IDRC, the WHO's Special Programme for Research and Training in Tropical Diseases, and the AHPSR.

The Rapid Response Service at ACRES³⁹

The Rapid Response Service is a 'knowledge brokering strategy that provides high quality, relevant and timely evidence to policy makers' and is designed to meet the evidence needs of policymakers in Uganda based on the Ugandan context. The Rapid Response Service looks at 'making synthesized high quality research evidence easily accessible to policy makers in a short period through a document [they] term as a Rapid Response Brief. This is a summary of the best available evidence in a synthesised and contextualised manner in direct response to policy makers' questions.' The service is coordinated by experienced staff with a network of researchers. They receive questions directly from policymakers via telephone, email or physical contact. The policymakers are 'taken through a process of question clarification ... to ensure that the question is clear, asked in an answerable manner and falls within our scope (scope: shall include topic; theme; urgency/time). Requests are rejected if they do not fall within the scope of the service.' Once ACRES staff have searched for relevant evidence and summarised it, internal and external experts in that particular subject review it. Then, a short brief with clear key messages is submitted to the policymaker. The rapid response process takes less than 28 days.⁴⁰

ACRES supports policymakers and decision makers within the health sector, including those working in the Ministry of Health, civil service organisations, with multi-lateral partners and in district health teams in Mukono, Kayunga and Buikwe districts. The Rapid Response Service has also supported policymakers and decision makers in other sectors since 2018 at both national and district levels.⁴¹ ACRES states that the scope of the Rapid Response Service includes but is not limited to organisational arrangements, governance arrangements, strategies for implementing change and financial arrangements in health systems, health technology assessments, education, and gender-related questions. There is an online application form to request a Rapid Response Brief, indicating that the service may also be open to others. **ACRES has a Covid-19 response webpage, which highlights their Rapid Response Briefs about the management of Covid-19 in low- and middle-income countries⁴²** (see also footnote 30).

ACRES also offers capacity-building training on rapid evidence synthesis and has supported other countries in setting up or building capacity for knowledge

³⁹ The rapid reviews produced by ACRES are also included by the Africa Evidence Network (AEN) on their *Evidence informed decision-making (EIDM) during COVID-19* webpage, on which AEN curates new evidence, examples of evidence-use, and experiences of evidence-use on the African continent during COVID-19 to share with their networks throughout the region (see <https://aen-website.azurewebsites.net/en/eidm-during-covid-19>).

⁴⁰ Information taken from <https://acres.or.ug/rapid-response-service/> (accessed 10 December 2020)

⁴¹ Information taken from <https://acres.or.ug/organisation-overview/> (accessed 10 December 2020)

⁴² See <https://acres.or.ug/rapid-response-service/briefs-archive/covid-19-briefs-2/>

translation, evidence-informed decision making, evidence synthesis (including rapid reviews and rapid response services), public policy, and public systems. Previous organisations who have received training include the following:⁴³

- individuals from Ethiopia (Ethiopian Public Health Institute) and Uganda (Sunbird AI, Uganda Christian University, and Pathfinder International) (training funded by the William and Flora Hewlett Foundation);
- members of the ERA platform in India (consisting of individuals from the National Health Systems Resource Center and the George Institute) (training funded by the Alliance for Health Systems and Policy Research – AHSPR);
- members of the ERA platform in Zimbabwe (consisting of individuals from the Planning and Policy Department in the Ministry of Health and Child Care and Zimbabwe Evidence-informed Policymaking Network) (training funded by AHSPR);
- AFIDEP, Malawi;
- members of the ERA platform in Georgia (training funded by AHSPR).

ACRES is also part of a number of projects, including the HIGH-Res project, a US\$1-million-dollar, three-year project with partners in Kenya (AFIDEP, KEMRI), Uganda (ACRES, Ministry of Health), and Malawi (AFIDEP, Malawi EviDENT consortium) that aims to strengthen the institutional capacity of government ministries to use evidence for decision making in low- and middle-income countries.⁴⁴

Zimbabwe

Zimbabwe Evidence Informed Policy Network (ZeipNET)

An NGO based in Zimbabwe, ZeipNET aims ‘to promote the use of research evidence in policy making in Zimbabwe and the Southern African Region’ in order to ensure that research and knowledge can be used to inform and influence national and regional development initiatives. ZeipNET uses capacity building and active stakeholder engagement to develop and coordinate over-arching national and regional processes that support the use of research evidence in development, policymaking and governance. Stakeholders include policymakers and influencers, research institutions and think tanks, academia, the media, government, and civil society.⁴⁵ ZeipNET works through capacity development, convening, influencing and working in partnership, and working for change at different levels (individual, institutional, inter-personal, and ecosystem).

⁴³ Information taken from <https://acres.or.ug/capacity-building/> (accessed 10 December 2020)

⁴⁴ Information taken from <https://acres.or.ug/organisation-overview/our-partnerships/#> (accessed 10 December 2020)

⁴⁵ Information taken from <http://www.zeipnet.co.zw/> (accessed 8 December 2020)

ZeipNET was funded as part of the VakaYiko Consortium,⁴⁶ which ran from 2013 to 2017, funded by UK Aid under the Building Capacity for Use of Research Evidence programme. It is not clear who the current funders for ZeipNET are.

Embedding Rapid Reviews in Health Systems Decision Making in Zimbabwe (ERAZ)

ZeipNET has been providing technical support to the Zimbabwe Ministry of Health and Child Care (MoHCC) to institutionalise a rapid evidence-synthesis platform within the ministry under the auspices of the ERAZ project (Munatsi 2020). This project also aims to help create a wider ecosystem or institutional landscape to facilitate the production, synthesis, and use of research evidence in health policy and practice. An online knowledge repository of policy-relevant evidence will also be developed.⁴⁷ It is envisaged that ‘the ERAZ will improve the MoHCC health policy and decision making systems and processes through addressing barriers of timeliness, relevance and context specificity of research evidence at the critical time it is needed. This will in turn result in the MoHCC policies becoming responsive to the national health needs and priorities.’

The ERAZ project recognises that ‘evidence informed decision-making by policymakers therefore requires a sustainable rapid response mechanism to quickly generate, synthesise and communicate required evidence for decision making, coupled with capacity to demand and effectively utilise the evidence made available’.⁴⁸ ERAZ is funded by the WHO and AHPSR, who also provide technical support.⁴⁹ Other organisations in the region (such as Cochrane South Africa,⁵⁰ ACE, Makerere University College of Health Sciences Africa Centre, and ACRES) have also provided various forms of technical assistance to the platform.

In a blog for Evidence Aid, Munatsi (2020), Director of ZeipNET, highlights the relevance of the ERAZ evidence-synthesis platform ‘at the advent of the Covid-19 pandemic[,] considering this was a new phenomenon and policymakers wanted to make quick policy decisions. The platform managed to produce a number of Covid-19 rapid evidence products around issues like mandatory quarantine and public face masks that have informed national policy.’ Another key document was the ‘Mandatory Institutional Quarantine National Guidelines’, which have been adopted at national level, highlighting the importance of the platform.

⁴⁶ See <https://www.inasp.info/project/building-capacity-use-research-evidence-vakayiko> (accessed 8 December 2020)

⁴⁷ Information taken from <http://www.zeipnet.co.zw/node/12> (accessed 8 December 2020)

⁴⁸ Information taken from <http://www.zeipnet.co.zw/node/12> (accessed 8 December 2020)

⁴⁹ See <https://www.who.int/alliance-hpsr/en/> The alliance is an international partnership hosted by the WHO, that works to improve the health of those in low- and middle-income countries by supporting the generation and use of evidence that strengthens health systems.

⁵⁰ See <https://southafrica.cochrane.org/>

3. Southern organisations providing evidence–policy services of note for the Covid-19 response

A number of evidence–policy services were identified in Southern organisations that, whilst not rapid evidence synthesis or necessarily demand-driven, provide evidence for informed decision making around Covid-19.

Pakistan

Pakistan Institute of Development Economics (PIDE)

PIDE was established in 1957 and in 1964 was accorded the status of an autonomous research organisation by the Government of Pakistan. It is aimed at theoretical and empirical research in development economics in general and on Pakistan-related economic issues in particular, in order to provide a firm academic basis to economic policymaking. PIDE is now located at the Quaid-i-Azam University campus in Islamabad.⁵¹ Its mission is to be a ‘world-class research and teaching institute building on the strengths and high standards it has achieved over the last sixty years’.

Covid-19

PIDE has a number of publications dedicated to Covid-19.⁵² They have produced PIDE Covid-19 newsletters, although the one published was No. 41, dated 7 August 2020. The newsletters bring together information from a number of different sources (such as WHO and Devex), looking at global and local news, suggesting reading on Covid-19, and including first-hand ‘experts’ opinions’ on the pandemic. PIDE also produce a Covid-19 Bulletin, with 21 currently produced, although these do not have dates attached to them. Examples of documents produced include ‘Pandemic-Induced School Closure and Inequalities in Homeschooling’; ‘COVID-19 and Remittances’; ‘Working from Home in a Smart Lockdown’.

PIDE have also created an up-to-date PIDE Covid-19 dashboard providing data on the pandemic.⁵³

Sustainable Development Policy Institute (SDPI)

SDPI was founded in August 1992 on the recommendation of the Pakistan National Conservation Strategy (NCS) (aka Pakistan’s Agenda 21). The NCS placed Pakistan’s socioeconomic development within the context of a national environmental plan and ‘outlined the need for an independent non-profit organization to serve as a source of expertise for policy analysis and development, policy intervention, and policy and program advisory services’. SDPI’s mandate is to provide policy advice; conduct

⁵¹ Information taken from <https://pide.org.pk/index.php/about-pide> (accessed 14 December 2020)

⁵² Information taken from <https://pide.org.pk/index.php/covid-19> (accessed 14 December 2020)

⁵³ See https://pide.org.pk/index.php?option=com_content&view=article&id=695

policy-oriented research and advocacy; promote the implementation of policies, programmes, laws and regulations based on sustainable development; strengthen civil society and facilitate interaction between civil society and government; disseminate research findings to educate the public; and contribute to building up national research capacity and infrastructure. The Institute's activities are designed to provide policy advice to government, among other things. SDPI's function is two-fold: 'an advisory role fulfilled through research, policy advice and advocacy; and an enabling role realised through providing other individuals and organizations with resource materials and training'.⁵⁴

Covid policy review series and projects

In response to Covid-19, SDPI have produced a number of Covid-19 policy reviews. These vary in topic, from managing food supply chains to social protection and the future of China's Belt and Route Initiative.⁵⁵

SDPI have also been awarded a number of short- and medium-term projects in relation to Covid-19.⁵⁶ These include a project called Saving Lives and Livelihoods by supporting Food Security, Small and Medium Enterprises and Universal Social Protection Mechanisms to [cope] with COVID 19 Impacts in Pakistan. Funded by IDRC for three years, this project is aimed at supporting the Government of Pakistan, in the wake of Covid-19, to maintain essential economic activity, and protect workers and smaller producers. Key elements of this project include documenting evidence on Covid-19's impact, providing evidence to inform response strategies during relief and recovery phases associated with the pandemic, and strengthening local research focused on food security, small to medium enterprises, and social protection systems. Approaches include preliminary assessment of data/evidence, evidence-generation for setting up a food security dashboard, mapping and assessment of government response to Covid-19, and a meta-analysis of existing literature to gauge global best practices for respective sectors, as well as the creation and strengthening of existing platforms for dialogue between public and private stakeholders.⁵⁷

Rwanda

Institute of Policy Analysis and Research (IPAR-Rwanda)

IPAR-Rwanda, established in 2008, is an independent, research and policy analysis think tank in Rwanda. It had initial start-up support from the Government of Rwanda, and technical and operational support from the African Capacity Building Foundation and the IDRC. Its mission 'is to enhance evidence-based policymaking through

⁵⁴ Information taken from <https://sdpi.org/who-we-are/> (accessed 14 December 2020)

⁵⁵ See <https://sdpi.org/publications/?category=29> (accessed 14 December 2020)

⁵⁶ See <https://sdpi.org/projects/>

⁵⁷ Information taken from <https://sdpi.org/projects/saving-lives-and-livelihoods-by-supporting-food-security-small-and-medium-enterprises-and-universal-social-protection-mechanisms-to-cope-with-covid-19-impacts-in-pakistan/> (accessed 14 December 2020)

research and policy analysis to improve policy and bring about change in Rwanda'.⁵⁸ Its main strategic objectives include the following:⁵⁹

- conducting, relevant, timely, and quality policy research and analysis to enable evidence-based policymaking in Rwanda;
- promoting a culture of dialogue and debate on public policy issues to influence policy and impact change;
- building the internal capacity of both IPAR and its collaborating institutions to effectively undertake the tasks of policy analysis and research;
- building a forum for debate on public policy in Rwanda, East Africa and beyond;
- responding to the need to build external capacity for public policy research and policy analysis in Rwanda;
- mobilising the resources needed to support and sustain its strategic objectives to fully fulfil its mandate.

Other partners include GIZ, the Friedrich Ebert Stiftung, Access to Finance Rwanda, the University of Rwanda, and the Kenya Institute for Public Policy Research and Analysis.

Covid-19 research

IPAR-Rwanda has recently announced a new project called Providing Timely Evidence to Facilitate the Socio-Economic Recovery from the COVID19 pandemic in Rwanda. This project aims to provide information which will facilitate evidence-based decision making by the Government of Rwanda to respond appropriately to the Covid-19 outbreak in Rwanda. Funding is for three years, and activities include the following:

- continually collecting data (via phone) on a set of households and micro-, small and medium-sized enterprises (MSMEs), in order to gather ready-to-use information on the economic and labour market impacts of Covid-19; and
- report promptly on key indicators of challenges and performance, for both households and MSMEs, as well as geographically mapping the indicators and their evolution.

Informed by this, IPAR will also support the Government by developing policy options for how to respond to the challenges faced by MSMEs and households (Simons 2020).

⁵⁸ Information taken from http://www.ipar-rwanda.org/?page=about&id_article=46 (accessed 9 December 2020)

⁵⁹ Information taken from http://www.ipar-rwanda.org/?page=about&id_article=4 (accessed 9 December 2020)

South Africa

The African Centre for the Constructive Resolution of Disputes (ACCORD)

Established in 1992, headquartered in South Africa, and working throughout Africa, ACCORD is a conflict-management NGO and think tank. It works to bring creative African solutions to the challenges posed by conflict on the continent, with its primary aim being to 'influence political developments by bringing conflict resolution, dialogue and institutional development to the forefront as an alternative to armed violence and protracted conflict'. It specialises in conflict management, conflict analysis, and conflict prevention.⁶⁰

ACCORD has strategic pillars, which seek to 'reinforce the institutional capacity of the [African Union] and [Regional Economic Commissions] to prevent and peacefully resolve conflicts; to strengthen local and national capacities for peace; to promote their proactive engagement in peace processes; to enhance the role of women to influence, lead and participate in peace processes; to increase the participation of youth; to increase knowledge, policy support for, and the integration of the drivers of conflict; and to contribute to strengthening the early warning and conflict prevention mechanisms on the continent'.

ACCORD has longstanding partnerships with the EU and the Governments of Canada, Finland, Norway, South Africa, Sweden, the UK, and the USA.

Covid-19 Africa Conflict and Resilience Monitor

With Covid-19, ACCORD has rapidly adapted and refocused a significant proportion of its staff and effort on identifying and monitoring, tracking and analysing, and preparing for and responding to Covid-19-related social unrest and violent conflict in Africa.⁶¹ Although not strictly a helpdesk function, ACCORD is offering a form of knowledge-brokering by providing weekly updates via its *COVID-19 Africa Conflict and Resilience Monitor*, in order to share information and analysis with all stakeholders on Covid-19-related incidents and trends that may provide early warning of rising tensions that could develop into social unrest and violent conflict. It utilises its networks across Africa, as well as available online data and analysis, to highlight these trends. It is also working with its partners and networks in Rwanda to encourage and support interventions to mitigate threats of violence and unrest.

It is not clear from the website who is funding ACCORD's work, but its Covid-19 page has a statement recognising the longstanding partnerships with the countries mentioned above.

⁶⁰ Information taken from <https://www.accord.org.za/about/> (accessed 7 December 2020)

⁶¹ Information taken from <https://www.accord.org.za/covid-19/> (accessed 7 December 2020)

South Sudan

The Sudd Institute

The Sudd Institute was established in 2012 by a team of leading South Sudanese policy analysts and social scientists. It is an independent research organisation that 'conducts and facilitates research and training to inform public policy and practice, to create opportunities for discussion and debate, and to improve analytical capacity in South Sudan'. The Sudd Institute aims to 'improve the quality, impact, and accountability of local, national, and international policy and decision-making in South Sudan in order to promote a more peaceful, just and prosperous society'.⁶² It is based on the belief that public policy must be informed by reliable data, analysis, and debate. The Institute was purposely created to establish information about South Sudan and ensure that decisions during state-building result in positive change.

The Sudd Institute is a partner of the US Institute of Peace,⁶³ which funds it.

Weekly reviews

As part of its publications, the Sudd Institute has produced 'weekly reviews' about issues in South Sudan. Although not produced on a weekly basis anymore, these publications provide timely information on different subjects, ranging from the South Sudan National Dialogue, to flooding and Covid-19.⁶⁴ Sixty-five have been released since 2012.

Yemen

Sana'a Center for Strategic Studies

The Sana'a Center is a think tank founded in 2014 and based in Yemen, which 'seeks to foster change through knowledge production with a focus on Yemen and the surrounding region'. Publications and programmes are offered in both Arabic and English and cover 'political, social, economic and security related developments, aiming to impact policy locally, regionally, and internationally'. The think tank has remained independent and 'maintains cordial relations with all key stakeholders' in the conflict, remaining 'unaligned with any of the belligerent parties'. The centre has strong networks across Yemen and within the international community. The Sana'a Center 'provides consultation services, including monitoring and evaluation, and

⁶² Information taken from <https://www.suddinstitute.org/who-we-are/about-us/> (accessed 10 December 2020)

⁶³ See <http://www.usip.org/>

⁶⁴ Information taken from <https://www.suddinstitute.org/publications/category/65> (accessed 10 December 2020)

technical and analytical advice in the fields of humanitarian, economic, political, civil and social development'.⁶⁵

The Yemen Review

Formerly called 'Yemen at the UN' and launched in June 2016, this is a monthly review produced by the Sana'a Center to identify and assess 'current diplomatic, economic, political, military, security, humanitarian and human rights developments related to Yemen'. It is produced by Sana'a Center staff in Yemen and around the world using a mix of research, outreach activities and in-person meetings with key national and international stakeholders to analyse domestic and international developments regarding Yemen. This monthly series thus provides contextualised insight into the country's most important ongoing issues.⁶⁶

Although not a demand-driven service or rapid evidence review, this monthly review provides timely information and recommendations, as well as acting as a knowledge-brokering effort.

Zambia

Indaba Agricultural Policy Research Institute (IAPRI)

IAPRI is a non-profit think tank based in Zambia, with its roots in the Food Security Research Project (FSRP), which was established in 1999 as a collaborative effort between Zambia's Ministry of Agriculture and Livestock, the Agricultural Consultative Forum, and Michigan State University, with initial funding from USAID and from Sida from 2007. The FSRP became a leading institution for empirical agricultural research in Zambia. To create a sustainable platform for agricultural policy research and outreach in Zambia, Michigan State University transformed the FSRP into IAPRI in 2011. IAPRI was officially launched in 2012.⁶⁷

IAPRI's principal vision is '[a] Zambia free of hunger, malnutrition and poverty through sustainable agricultural transformation'. Its mission is to 'provide evidence-based policy solutions through high quality research and outreach services for the transformation of Zambia's agricultural sector to achieve sustainable broad-based pro-poor growth'.⁶⁸ IAPRI collaboratively works with public and private stakeholders in the agricultural sector, and is led by a local board of directors drawn from various state and private sector stakeholders. Key funders were the Swedish Embassy and

⁶⁵ Information taken from <https://sanaacenter.org/about-us> (accessed 9 December 2020)

⁶⁶ Information taken from <https://sanaacenter.org/issue/the-yemen-review> (accessed 10 December 2020)

⁶⁷ Information taken from <https://www.iapri.org.zm/establishment-and-mandate/> (accessed 4 December 2020)

⁶⁸ Information taken from <https://www.iapri.org.zm/vision-and-mission/> (accessed 4 December 2020)

USAID, although IAPRI has developed its financing strategy to include setting up a business development unit to diversify its funding base.⁶⁹

Covid-19 research

IAPRI is conducting research and analysis on the impact of Covid-19 and has set up a Covid-19 landing page on its website to highlight its work. On this page it recognises the support and funding of USAID Zambia, Sida, and Michigan State University.⁷⁰

In response to Covid-19, IAPRI is taking steps to gather relevant and general information on the likely impacts of the pandemic on household welfare, food systems, market access and trade, agri-food systems, and policy responses in Zambia. 'IAPRI is also collaborating on a Covid-19 Policy Response (CRP) project coordinated by the International Food Policy Research Institute (IFPRI) and the Feed the Future Innovation Lab for Food Security Policy Research, Capacity, and Influence (PRCI) at Michigan State University'. CRP is working across several countries in Africa, Asia, and Europe to track policy responses to the Covid-19 pandemic along two different dimensions:⁷¹

- The policy dimension: This tracks policy changes related to restrictions on population movements and economic activities, health-specific and social protection interventions, broad fiscal policies, farm fiscal policies, trade policies, monetary policy, governance restrictions, and foreign aid receipts.
- The response dimension: This tracks how markets are reacting to changes imposed as a result of Covid-19, by looking at price changes, how citizens are reacting, and the institutional architecture supporting responses to Covid-19 in Zambia.

Results are displayed on the CRP portal.

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